

**VANTAGE LAW PLLC**

355 NW GILMAN BLVD

SUITE 203

ISSAQUAH, WA 98027

MAIN: (425) 391-8758

FAX: (425) 391-8754

RECEIVED  
CENTRAL FAX CENTER

AUG 19 2005

**FACSIMILE TRANSMITTAL**

TO: Natalie Pass	FROM: Bruce A. Kaser
COMPANY: USPTO Art Unit 3626	DATE: 8/19/2005
FAX NUMBER: (571) 273-8300	TOTAL NO. OF PAGES INCLUDING COVER: 2
PHONE NUMBER: (571) 272-6776	SENDER'S REFERENCE NUMBER: 50251-1
CONFIRMATION COPY TO FOLLOW?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

**COMMENTS:**

Subject: Application Serial No. 09/698,787. Please deliver to examiner Pass. An original copy will follow by mail.

Thank you,

Bruce A. Kaser

Best Available Copy

THIS TRANSMISSION IS FOR THE EXCLUSIVE USE OF THE RECIPIENT AND CONTAINS CONFIDENTIAL INFORMATION. YOUR USE OF THIS TRANSMISSION IS PROHIBITED IF YOU ARE NOT THE INTENDED RECIPIENT. IN SUCH CASE, PLEASE CONTACT US IMMEDIATELY AND WE WILL ARRANGE FOR RETRIEVAL.

PTO/SB/02 (04-05)  
Approved for use through 11/30/2005. OMB 0551-0048  
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/559,787
	Filing Date	October 27, 2000
	First Named Inventor	Victor Levy
	Art Unit	3820
	Examiner Name	Pass, Natalie
	Attorney Docket Number	50261-1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 000055529

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 000055529

OR

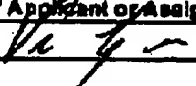
<input type="checkbox"/> Firm or Individual Name	VANTAGE LAW PLLC		
Address	355 NW Gilman Blvd. Suite 203		
City	Issaquah	State	WA Zip 98027
Country	USA		
Telephone	(425) 391-8758	Email	bruce@vantagelaw.net

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Victor Levy		
Date	8/17/05	Telephone	(727) 443-6211

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.55. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1480, Alexandria, VA 22313-1480. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.

Available Copy

BEST AVAILABLE COPY